

# EXHIBIT 10

Aetna Medicare

# SilverScript Choice (PDP)

**Plan type:** Drug plan (Part D)

**Plan ID:** S5601-012-0

[Plan website](#) | **Non-members:** [1-833-526-2445](#) | **Members:** [1-866-235-5660](#)

## What you'll pay

Total monthly premium	Retail pharmacy: 2022 estimated total drug costs
<b>\$33.30</b>	<b>\$36,156.96</b>
	Covers <b>1 of 2</b> drugs

## Overview

### PREMIUMS

<b>Total monthly premium</b>	\$33.30
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### DEDUCTIBLES

The amount you must pay each year before your plan starts to pay for covered services or drugs.

<b>Drug deductible</b>	\$480.00
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CONTACT INFORMATION

<b>Plan address</b>	P.O. Box 30016 Pittsburgh, PA 15222
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# Drug Coverage

[See if there's help to lower costs for drugs you take.](#)

## PHARMACIES

See the cost level to fill your drugs at the pharmacies you chose. You can also change pharmacies to see the cost level of other pharmacies in your area to find the lowest cost pharmacy.

**CVS PHARMACY #10526**

Preferred

Preferred in-network pharmacy

## YEARLY DRUG COSTS BY PHARMACY

Drug costs shown vary based on the plan and pharmacy that you use. Contact the plan if you have specific questions about drug costs. [Can my drug costs change by pharmacy?](#)

**CVS Pharmacy #10526**

Preferred

Preferred in-network pharmacy

**Copaxone 20mg/ml solution  
prefilled syringe**

\$4,342.16


**Glatiramer acetate 20mg/ml  
solution prefilled syringe**

\$31,814.81

**Total yearly drug cost**

\$36,156.96

## ESTIMATED TOTAL DRUG + PREMIUM COST

	<b>CVS Pharmacy #10526</b> <div>Preferred</div> Preferred in-network pharmacy
<b>Total yearly drug + premium cost</b>	\$36,323.46
<b>When you'll meet your deductible</b>	August 2022
<b><u>When you'll enter the coverage gap</u></b> 	August 2022
<b>When you'll get out of the coverage gap</b>	September 2022

## ESTIMATED TOTAL MONTHLY DRUG COST

	<b>CVS Pharmacy #10526</b> <div>Preferred</div> Preferred in-network pharmacy
<b>August</b>	\$8,643.84
<b>September</b>	\$7,271.70
<b>October</b>	\$6,747.14
<b>November</b>	\$6,747.14
<b>December</b>	\$6,747.14

**ESTIMATED DRUG COSTS DURING COVERAGE PHASES**

The drug prices shown may vary based on the plan and pharmacy you've selected. Contact the plan if you have specific questions about drug costs.

[Learn more about coverage phases.](#)

**CVS PHARMACY #10526**

	<b>Retail cost</b>	<b>Cost before deductible</b>	<b>Cost after deductible</b>	<b>Cost in coverage gap</b>	<b>Cost after coverage gap</b>
<b>Copaxone 20mg/ml solution prefilled syringe</b>	\$7,683.52	\$7,683.52	\$1,920.88	\$1,920.88	\$384.18
<b>Glatiramer acetate 20mg/ml solution prefilled syringe</b> <sup>[1]</sup>	\$6,362.96	\$6,362.96	\$6,362.96	\$6,362.96	\$6,362.96
<b>Monthly totals</b>	\$14,046.48	\$14,046.48	\$8,283.84	\$8,283.84	\$6,747.14

<sup>[1]</sup>  
This plan does not cover this drug, the price shown is the full cash price.

**COSTS BY DRUG TIER**

Plans group their drug lists into tiers. The drug costs below show how much you'll pay for drugs in each tier based on the coverage phase you're in.



	<b>Initial coverage phase</b>	<b>Gap coverage phase</b>	<b>Catastrophic coverage phase</b>
<b>Preferred Generic</b>	\$0.00 copay	Generic drugs: 25%  Brand-name drugs: 25%	Generic drugs: \$3.95 copay or 5% (whichever costs more)  Brand-name drugs: \$9.85 copay or 5% (whichever costs more)
<b>Generic</b>	\$5.00 copay	Generic drugs: 25%  Brand-name drugs: 25%	Generic drugs: \$3.95 copay or 5% (whichever costs more)  Brand-name drugs: \$9.85 copay or 5% (whichever costs more)
<b>Preferred Brand</b>	17%	Generic drugs: 25%  Brand-name drugs: 25%	Generic drugs: \$3.95 copay or 5% (whichever costs more)  Brand-name drugs: \$9.85 copay or 5% (whichever costs more)
<b>Non-Preferred Drug</b>	41%	Generic drugs: 25%  Brand-name drugs: 25%	Generic drugs: \$3.95 copay or 5% (whichever costs more)  Brand-name drugs: \$9.85 copay or 5% (whichever costs more)



	<b>Initial coverage phase</b>	<b>Gap coverage phase</b>	<b>Catastrophic coverage phase</b>
<b>Specialty Tier</b>	25%	Generic drugs: 25%  Brand-name drugs: 25%	Generic drugs: \$3.95 copay or 5% (whichever costs more)  Brand-name drugs: \$9.85 copay or 5% (whichever costs more)

## OTHER DRUG INFORMATION

	<b>Tier</b>	<b>Prior authorization</b>	<b>Quantity limits</b>	<b>Step therapy</b>
<b>Copaxone 20mg/ml solution prefilled syringe</b>	Tier 5	Yes	<u>Yes</u>	—
<b>Glatiramer acetate 20mg/ml solution prefilled syringe</b>	Not covered	—	—	—

## MY DRUG LIST

	<b>Package</b>	<b>Quantity</b>	<b>Frequency</b>	<b>Brand/Generic</b>
<b>Copaxone 20mg/ml solution prefilled syringe</b>	1ml syringe (sold in pack of 30)	1	Every month	Brand
<b>Glatiramer acetate 20mg/ml solution prefilled syringe</b>	1ml syringe (sold in pack of 30)	1	Every month	Generic

These are drugs you usually get at a doctor's office or hospital outpatient setting, like the flu shot, chemotherapy, or other shots.

Chemotherapy drugs	Not covered	
Other Part B drugs	Not covered	

## Star ratings

+ Expand All Ratings

Overall star rating	<div><div>★ ★ ★ ☆ ☆</div></div>
Overall rating is based on the categories below.	
+ Drug plan star rating	
Summary rating of drug plan quality	<div><div>★ ★ ★ ☆ ☆</div></div>